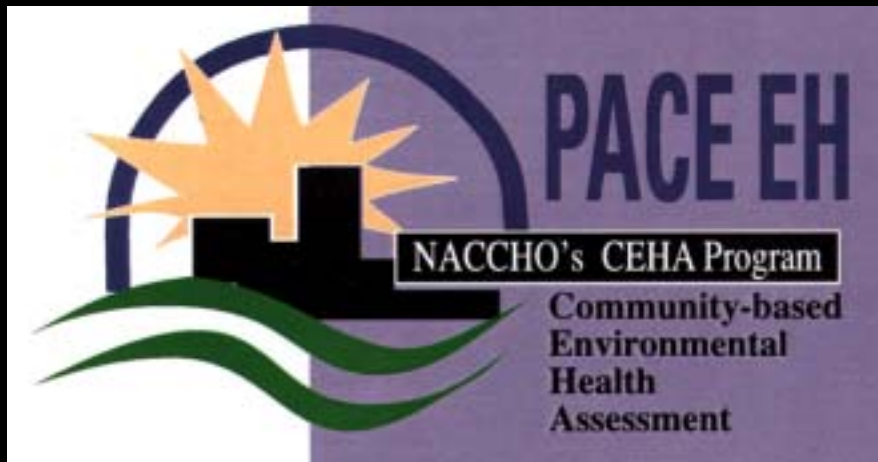


Protocol for Assessing Community Excellence in Environmental Health

(PACE EH)



A tool offering local health officials guidance in conducting a community-based environmental health assessment and creating an accurate profile of a community's environmental health status



National Association of County and City Health Officials (NACCHO)



- NACCHO is the national voice of local public health
- NACCHO is the national organization representing local public health agencies
- NACCHO promotes national policy, develops resources and programs, and supports the development of effective local public health practice and systems that protect and improve the health of people and communities

Key Objectives of *PACE EH*

- Evaluate Environmental Health Conditions
- Target Populations at Risk
- Set Priorities



Core Principles of *PACE EH*



- Role for Local Health Agencies in addressing Environmental Health Issues
- Community Collaboration
- Environmental Justice
- Core Functions of Public Health

Tasks 1- 3

Prepare for the Process



- ✦ Facilitators examine potential for a CEHA
- ✦ Facilitators “map” the target community
- ✦ Invite key community/staff members

Tasks 4 - 6

Locate the Issues



- ✦ Define Goals & Scope of Assessment
- ✦ Generate List of Local EH Issues
- ✦ Describe the Context of the Issues

Tasks 7 - 9

Quantify and Qualify the Issues



- ✦ Develop Local Indicators
- ✦ Select Relevant Standards
- ✦ Create Issue Profiles

Tasks 10 - 13

Set the Stage for Action



- ✦ Rank the Issues
- ✦ Set Priorities for Action
- ✦ Develop Action Plans
- ✦ Evaluate Progress

PACE EH Process

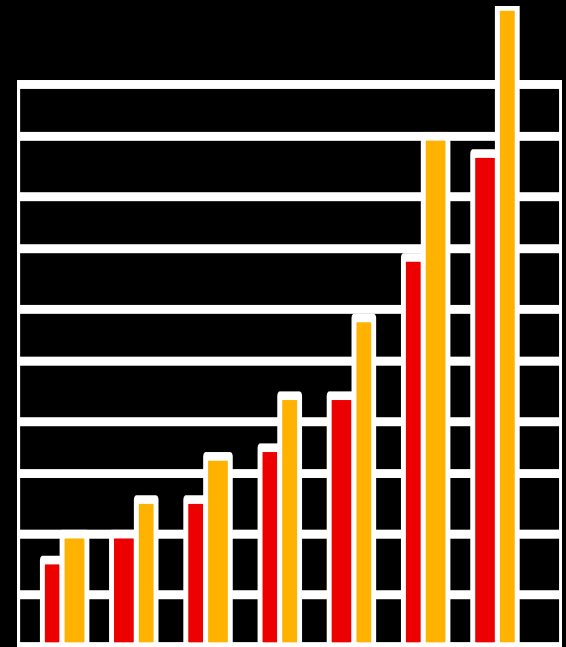


Provides:

- ✓ Constituency-building
- ✓ Assessment function
- ✓ Match resources to needs
- ✓ Power-sharing with the community
- ✓ Focus on local situations and solutions
- ✓ Ground-up policy development process
- ✓ Database development

Challenges

- Data limitations
- Lack of consensus
- Scientific view v. public perception
- Authority
- Indicators



Patterns Across *PACE EH* Sites



★ Lessons Learned

- ▶ Community collaboration takes longer than expected
- ▶ *PACE EH* requires effective facilitation and meeting management skills
- ▶ Communities respond favorably to inclusion
- ▶ *PACE EH* requires commitment in terms of time, skills and (potentially) money

Patterns Across *PACE EH* Sites

▲ Lessons Learned (cont.)

- ▶ “National” standards and models, if they exist, are often not appropriate for local users
- ▶ *PACE EH* works (in part) due to its adaptability
 - urban vs. rural facilitators, tribal communities
 - facilitator-driven vs. community collaboration
 - large- to small-scale undertakings
- ▶ *PACE EH* is most useful when combined with additional support and guidance

PACE EH Pilot Sites

<u>HEALTH AGENCY</u>	<u>POPULATION</u>	<u>JURISDICTION</u>
Allentown [PA] Health Bureau	105,000	city/urban
Arlington [VA] Dept. of HS	185,500	county/urban
Barren River [KY] Health Dist.	209,993	county/rural
Delaware [OH] City/County HD	86,046	county/combination
Island County [WA] Health Dept.	70,300	county/rural
Linn County [IA] Health Dept.	170,000	county/combination
McHenry County [IL] Health Dept.	225,000	county/combination
Northern KY District Health Dept.	316,610	county/combination
San Antonio [TX] Metro. Health Dist.	1.3 mill	metro/combination
Scott County [IA] Health Dept.	150,979	county/combination

PACE EH Demonstration Sites



- Alexandria (VA) Health Department
- Blount County (TN) Health Department
- Mahoning County (OH) District Board of Health
- Multnomah County (OR) Health Department
- Muskegon County (MI) Health Department
- Polk County (FL) Health Department
- Rock County (WI) Health Department
- San Juan Basin (CO) Health Department

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